The high prevalence of sexual difficulties, including abstinence, in this sample of HIV positive women suggests a need for routine screening of sexual and relationship difficulties in women living with HIV. In addition, the association between higher rates of psychological distress and sexual difficulties indicate the importance of screening for mental health concerns. Culturally sensitive psychosexual interventions aimed at addressing these concerns should be offered for women and their partners, where appropriate.

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CONTRIBUTORS

All authors were involved in the design of the study and the semi-structured questionnaire and collection of questionnaires from clinic attendees; AK and SL recruited participants from the voluntary organisations; SL undertook the majority of the data analysis, with assistance from AK and JP; SL wrote the paper; JP provided comments on the final draft and wrote the key messages.

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REFERENCES

1 **Brown G**, Rundell J. Prospective study of psychiatric morbidity in HIV-seropositive women without AIDS. *General Hospital Psychiatry* 1990;**12**:30–5.
2 **Brown G**, Rundell J, Page J, *et al*. Psychiatric morbidity in early HIV infection in women: results of a 4-year prospective study. *Biopsychosocial aspects of HIV infection. First international conference, final programme and abstract book* 1991:21.
3 **Brown G**, *et al*. Sexual dysfunction in HIV seropositive women without AIDS. *J Psychol and Human Sexuality* 1995;**17**:73–97.
4 **Hankins C**, Gendron T, Tran D, *et al*. Sexuality in Montreal women living with HIV. *Aids Care* 1997;**9**:261–71.
5 **Bova C**, Durante A. Sexual functioning among HIV-infected women. *AIDS Patient Care and STDs* 2003;**17**:75–83.
6 **Schrooten W**, Coleblunders R, Youle M, *et al*. Sexual dysfunction associated with protease inhibitor containing highly active antiretroviral treatment. *AIDS* 2001;**15**:1019–23.
7 **Florence E**, Schrooten W, Dreezen, C, et al, Eurosupport Study Group. Prevalence and factors associated with sexual dysfunction in HIV—positive women n Europe. *AIDS Care* 2004;**16**:550–7.
8 **Sinka K**, Mortimer J, Evans B, *et al*. Impact of the HIV epidemic in sub-Saharan Africa on the pattern on HIV in the UK. *AIDS* 2003;**17**:1683–90.
9 Health Protection Agency 2003. AIDS/HIV Quarterly Surveillance Tables, data to June, 2003.
10 **Zigmond AS**, Snaith RP. The Hospital Anxiety and Depression Scale. *Acta Psychiatr Scand* 1983;**67**:361–70.
11 **Rust J**, Golombok S. The Golombok-Rust Inventory of Sexual Satisfaction (GRISS). *Br J Clin Psychol* 1985;**24**:63–4.

ECHO

Options for HAART may be limited

Please visit the *Sexually Transmitted Infections* website [www.stijournal.com] for a link to the full text of this article.

A small, but growing, group of patients with HIV in the UK faces the prospect of running out of treatment options if new antiretroviral drugs do not become available soon, a multicentre cohort study has predicted. These drugs will need to have low toxicity and not be subject to cross resistance to existing ones.

The UK collaborative HIV cohort (CHIC) study compared immunological and viral status among patients who had ever had highly active antiretroviral treatment, patients exposed to the three main classes of antiretroviral drugs, and patients showing viral load failure with that treatment, in more than 16 500 HIV infected adults during 1996–2002.

Patients most at risk are thought to be among those exposed to the three main classes of antiretroviral drugs, comprising 38% of treated patients in 2002—namely, the quarter with viral load failure. Their proportion has been rising steadily, and the proportions with CD4 counts<200 cells/mm^3 and HIV RNA >2.7log$_{10}$ copies/ml were high. Overall, 62% of the entire cohort was exposed to any antiretroviral treatment. The percentage that had ever had treatment rose from 41% initially to 71% in 2002, and the proportion with CD4 <200 cells/mm^3 and HIV RNA >2.7log$_{10}$ copies/ml fell, indicating successful control.

Patients with viral load failure with three treatments may have some resistance to other drugs in the same class and high risk of future treatment failure. Successive treatments tend to produce shorter term immunological and viral control, so that patients who have worked through several regimens may eventually have no other options.

▲ Sabin CA, *et al*. *BMJ* 2005;**330**:695–698.